

Please print – Use legal name(s)

Student Last Name _____ First _____ Middle _____

Grade _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip _____

City/State of Birth _____

Birth Certificate Verified? Yes No

Male Female Special Education: Yes No

If yes to Sp. Ed, is there an I.E.P.? Yes No

Part 1 - Select one: Hispanic or Latino Not Hispanic or Latino

Part 2 - Select one or more of the following that apply to this person: American Indian or Alaska Native Asian

Black or African American Native Hawaiian or Other Pacific Islander White

Previous School: _____
Name _____ City _____ State _____

Parent/Guardian Information

Please complete all information as applicable. Indicate first and last legal names. Check the box(es) of those with whom the child **primarily** resides. (This information makes it easier for the school to provide school documents and information to all appropriate parties.)

Father _____

Mother _____

Circle one: Married Single Widowed Divorced

Circle one: Married Single Widowed Divorced

Stepmother _____

Stepfather _____

Other Guardian/Relationship _____

Other Guardian/Relationship _____

Address _____

Address _____

City/St/Zip _____

City/St/Zip _____

Phone: _____
home work cell

Phone: _____
home work cell

Is home phone confidential? Yes No

Is home phone confidential? Yes No

Place of employment _____

Place of employment _____

Usual work hours _____

Usual work hours _____

Signature of Person Completing Form

Emergency Information Names and phone numbers of two relatives or friends who may be contacted for information or who may give consent for ill student to go home (or pick up ill student), if we are unable to reach you:

1. _____
Name Relationship to student Phone: home work cell

2. _____
Name Relationship to student Phone: home work cell

Physician's Name _____

Telephone Number _____

Dentist's Name _____

Telephone Number _____

Office Use Only

Assigned school _____ Homeroom _____

Locker number _____ Locker combination _____

Bussing Approved? Y N

Bus Route _____

Pick up time _____

Fee Paid

Initials

Student Name: _____

Ethnic background: White Asian Black American Indian/Alaskan Native Hispanic
(check one)

Parent Home Email Address

Student's Primary Language _____

Family's Primary Language _____

In **2012-2013** siblings will attend:
FV HZ PV RV HS SJB
SJL Other: _____

Student is _____ out of _____ children in family
(1st, 2nd, 3rd, etc.) (Total #)

AUTHORIZATION FOR EMERGENCY REFERRAL & TREATMENT

In a medical emergency, when neither my family doctor nor I can be reached, I authorize school personnel to refer my son/daughter, _____, to any medical doctor and authorize that doctor to treat my son/daughter. I also agree to assume any and all costs involved including possible ambulance fees.

Signature of Parent/Guardian

Date

I hereby consent to the limited release of medical information concerning my child to: *Plymouth Joint School District-Elementary Principal*. Such release is limited to information concerning the name and location of the facility where my child is being treated.

Signature of Parent/Guardian

Date

Please answer the following:

Yes No

- I give my permission to release demographic or directory information about my son/daughter to the press. (Release name & picture to press) (NOTE: If you answer "no" to this statement you must notify the school in writing. You may do this in the space provided below.)
- I give my permission to release student name, parent name(s), address, email address and phone number for a student directory published by the school or a school authorized parent organization.
- I have reviewed all information on this form and find it to be accurate or have made the necessary corrections.

Signature of Parent/Guardian

Date

Notes: _____

